0	PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			,					
DUE DATES:		February 1	First Semester to County Superi 5 to State Superin			•	Second Semester o County Superinter o State Superinter	tendent
COMPL	ETE TH	IS CLAIM FO	R STATE REIM	BURSEMEN	T FOR SCH	HOOL BUS TRA	NSPORTATION:	
This clair	n is for the	period beginning	[,	20 and e	nding	,2	20
			month	day		m	onth da	y
CERTIF	ICATIO:	N:						
The infor	mation on	this form is comp	lete and accurate to t	he best of my kn	owledge.			
Date			Signature, Chair, Boa	rd of Trustees				
County:			District:				District Lev	vel:
17 Garfi	ield		0378 Garfield	l County H	S		High So	chool
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	CO	1	104	1.36	66	08/11/04		
100	CO	2	52	1.36	66	08/11/04		
100	CO	3	48	0.95	35	08/11/04		
100	CO	8	120	1.36	66	08/11/04		

TR-6 (1/05) Page 1

PI

100

15

Whiteside

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

168

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501						School Bus Transportation				
DUE February 1 to County Superintendent DATES: February 15 to State Superintendent							Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATIO	N:	
This clain	n is for the	period beginning	g		,	20 and en	ding		_, 20	
			1	month	day		m	onth	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	olete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	l of Trustees					
			5					Lacore		
County:			District					District	Level:	
17 Garfi	eld		0382	Van Nor	man Elem	l		Elem	entary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	

48

08/11/04

TR-6 (1/05) Page 1

0	PI
	_

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	rebruary 1 to County Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRAI	NSPORT	ATION:	
This clair	n is for the	period beginning	3		,	20 and en	nding		, 2	20
				month	day		m	onth	da	y
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	•					District Lev	vel:
17 Garfi	ield		0387	Cohagen	Elem				Elemen	ıtary
Percentage	District #	Route #		Miles Rate Per Day Per Mile Ca		Capacity	Inspection	Da Oper	•	Bus Driver's Social Security #
	27	4		92	0.95	16	08/18/04	ĺ		

TR-6 (1/05) Page 1